Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing and Certification Services - Elevator 443 Lafayette Road North St. Paul, MN 55155

CC0510

Mailing Address: PO Box 64227 St. Paul, MN 55164-0217

E-mail: dli.license@state.mn.us Web Site: www.dli.mn.gov/ccld.asp Telephone: (651) 284-5031

Is the Residential address above a

non-designated (private address

APPLICANT SIGNATURE

Unlicensed Individual - Elevator Registration Application / Renewal

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY				SPACE IN BOX FOR OFFICE USE ONLY						
Renew Registration (not expired) \$25. Renew Registration (expired includes late fee) \$30.			20	Account N	umber	63	32475	STK	B42ELVLIC	
			\$15.00 \$25.00 \$30.00 \$30.00	Check Number				Amount Paid		
				☐ PCK	Cursuant to		□ MO	DLI Deposit Date		
If you are or were registered as ar unlicensed individual for an electri power limited technician work proyour registration number.	cian or	REGISTRATION NUMBE		Statute § 604 non-payment service charg	4.113, checks returned for it will be charged a \$30 ge and may subject the ditional civil penalties.					
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS				APPLICATION NUMBER:						
NEW REGISTRATION		ENEW REGISTRATION		<u>L</u>	REINSTA	ATE R	EGISTRAT	ION		
Individuals performing elevator work without a Minnesota elevator license must be registered as an unlicensed individual. Select New Registration if you have never been previously registered as an unlicensed individual.		ndividuals who have a urrent or has been ex 2 months may renew tenewing a registration of accrued work expering National Elevator Crechnology required a e earned before registrate fee of \$5.00 is enewals (received at a surrey and the surrey of the surrey	may reinstate a registrat more than 12 months. A during the unregistered papplied toward licensure expires.				tion that has been expired fo Accrued work experience period is lost and may not be			
The information you as an individual pathe Department's registration requirement. The other information is being requested to supply the requested data on this appin the denial of the same. Except for you is pending. Disclosure of this information Department of Revenue, the Department of Revenue, the Department to anyone upon request. Your renew	ents. Minnes d for purpos plication; hor our name an on to others ent of Huma d, other than	sota Statute § 270C.72, es of processing your a wever, failure to provide d designated address, the may occur as authorized in Services, upon court your Social Security N	Subd. 4, pplication the required or required order, a lumber ar	requires you to with the excellented informate action you provided by law, incomedor for the pand non-designation.	o provide yeption of your on may do ide on this luding but ourpose of ated addre	your sour Sour Sour Sour Sour Sour Sour Sour S	social securiocial Securione processication is prinited to the cation and ecomes publications.	ity number of ty, you are rong of your a vate data whattorney Goinvestigation blic data and	on this application. not legally required application or result hile the application eneral's Office, the an. Once you are at may be released	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		AREA C	REA CODE & PHONE NUMBER			E-MAIL ADDRESS			
EGAL LAST NAME SUFFIX (JR, SR, II, III)			LEGAL	EGAL FIRST NAME				LEGAL MIDDLE NAME		
RESIDENTIAL ADDRESS			PUBLIC	UBLIC MAILING ADDRESS (if different from residential address)						
CITY NAME	STATE	ZIP CODE	CITY NA	AME			STATE	ZIP C	ODE	

If YES, then you must provide a designated (Public) mailing address

DATE SIGNED (MM/DD/YYYY)

☐ Yes ☐ No